

MEDICAL WITH DENTAL COVERAGE

The non-Medicare and Medicare rates below reflect health care coverage that includes medical **with dental**. These are the total monthly premium rates that you would pay. When you enroll in a health plan, you will be automatically enrolled in the Uniform Dental Benefits. You can choose to opt out during the It's Your Choice open enrollment period.

Health Plan Name	Non-Medicare Rates				Medicare Rates		
	IYC Health Plan		HDHP ¹		IYC Health Plan Medicare ¹		
	Single	Family	Single	Family	Medicare Single	Medicare 1 ²	Medicare 2 ³
Anthem Blue Preferred Northeast	770.80	1,918.30	667.50	1,659.80	546.40	1,311.30	1,100.00
Anthem Blue Preferred Southeast	793.70	1,975.50	687.20	1,709.10	558.10	1,345.90	1,123.40
Arise Health Plan	773.20	1,924.30	669.50	1,664.80	547.80	1,315.10	1,102.80
Arise Health Plan - Aspirus Arise	754.80	1,878.30	653.70	1,625.30	538.60	1,287.50	1,084.40
Dean Health Insurance	629.40	1,564.80	545.90	1,355.80	449.70	1,073.20	906.60
Dean Health Insurance-Prevea360	685.80	1,705.80	594.40	1,477.10	497.70	1,177.60	1,002.60
GHC of Eau Claire	806.00	2,006.30	697.70	1,735.30	519.70	1,319.80	1,046.60
GHC of South Central Wisconsin	640.50	1,592.50	555.40	1,379.60	481.50	1,116.10	970.20
Gundersen Health Plan	798.60	1,987.80	691.40	1,719.60	447.20	1,239.90	901.60
Health Tradition Health Plan	775.70	1,930.50	671.70	1,670.30	436.10	1,205.90	879.40
HealthPartners Health Plan	718.00	1,786.30	622.10	1,546.30	520.20	1,232.30	1,047.60
Humana-Eastern	807.00	2,008.80	698.60	1,737.60	421.90	1,223.00	851.00
Humana-Western	861.90	2,146.00	745.80	1,855.60	421.90	1,277.90	851.00
IYC Access Health Plan	1,331.50	3,323.40	1,126.80	2,811.60	NA ⁴	1,763.20	NA ⁴
IYC Medicare Plus ⁴	NA ⁴	NA ⁴	NA ¹	NA ¹	426.70	NA ⁴	861.50
Medical Associates Health Plans	687.80	1,710.80	596.10	1,481.30	405.20	1,087.10	817.60
MercyCare Health Plans	640.70	1,593.00	555.60	1,380.10	434.40	1,069.20	876.00
Network Health - Northeast	775.40	1,929.80	671.40	1,669.60	488.40	1,257.90	984.00
Network Health - Southeast	811.60	2,020.30	702.60	1,747.60	461.60	1,267.30	930.40
Physicians Plus	679.60	1,690.30	589.00	1,463.60	488.50	1,162.20	984.20
Security Health Plan	835.80	2,080.80	723.40	1,799.60	579.10	1,409.00	1,165.40
State Maintenance Plan (SMP)	834.10	2,079.90	708.30	1,765.40	NA ⁴	1,261.20	NA ⁴
UnitedHealthcare of Wisconsin	784.20	1,951.80	679.00	1,688.60	553.30	1,331.60	1,113.80
Unity Health Insurance-Community	768.90	1,913.50	665.80	1,655.60	514.50	1,277.50	1,036.20
Unity Health Insurance-UW Health	681.40	1,694.80	590.60	1,467.60	475.10	1,150.60	957.40
WEA Trust-East	783.70	1,950.50	678.60	1,687.60	457.20	1,235.00	921.60
WEA Trust-Northwest Chippewa Valley	822.90	2,048.50	712.30	1,771.80	470.90	1,287.90	949.00
WEA Trust-Northwest Mayo Clinic Hlth. Sys.	822.90	2,048.50	712.30	1,771.80	470.90	1,287.90	949.00
WEA Trust-South Central	602.60	1,497.80	522.80	1,298.10	393.80	990.50	794.80

¹Medicare rates do not apply to the HDHP.

²Medicare 1 = Family coverage with at least one insured family member enrolled in Medicare Parts A, B and D.

³Medicare 2 = Family coverage with all insured family members enrolled in Medicare Parts A, B and D.

⁴Members with IYC Access Health Plan or SMP coverage who become enrolled in Medicare Parts A and B will automatically be moved to the IYC Medicare Plus plan. All other non-Medicare family members will remain covered under the IYC Access Health Plan or SMP.